

Permit # _____
Date: _____

CITY OF ANNAPOLIS
BUREAU OF INSPECTIONS & PERMITS
160 DUKE OF GLOUCESTER STREET
ANNAPOLIS, MD 21401

(410) 263-7946
(Balt.) 410-269-0545
FAX 410-263-9158

SIGN PERMIT APPLICATION
(MUST BE TYPED OR COMPLETED IN INK. THIS APPLICATION WILL NOT BE PROCESSED IF INCOMPLETE.)

THIS APPLICATION MAY BE USED FOR *NO MORE THAN 2 SIGNS*.

LOCATION OF PROPOSED SIGN:_____

	NAME	ADDRESS	DAY TELEPHONE
PROPERTY OWNER			
BUSINESS			
APPLICANT			
SIGN FABRICATOR			
SIGN INSTALLER			

CITY OF ANNAPOLIS CONTRACTOR'S LICENSE # _____ EXPIRATION DATE _____ TOTAL COST _____
(Include materials & labor)

IS THIS BUILDING LOCATED IN THE HISTORIC DISTRICT? _____

INCLUDE THREE SETS OF PLANS DRAWN TO SCALE, INCLUDING SITE PLAN INDICATING PROPERTY LINES, LOT DIMENSIONS, ADJACENT STREETS, CURBS, EXISTING STRUCTURES, BUILDING DIMENSIONS. IF SIGNAGE IS LOCATED ON BUILDING, SHOW FACADE, LOCATION, SIZE, MEASUREMENTS FROM WINDOWS, DOORS, HEIGHT OF BUILDING, ETC. DRAWING MUST INCLUDE WORDING OF SIGN.

PROPOSED SIGN #1:

SIGN TYPE	SIZE (WIDTH TIMES HEIGHT)	SIGN MATERIAL	ILLUMINATED (YES/NO?) __ NEW __ EXISTING TYPE OF ILLUMINATION _____ UL LISTING _____	SINGLE OR DOUBLE FACED?	MOUNTING METHOD __ POLE SIGN (Height from ground to top) _____ __ WALL SIGN __ HANGING SIGN __ PEDESTAL SIGN	ANCHORING METHOD
__ NEW __ NEW W/EXISTING SUPPORT __ ALTER EXISTING __ REPLACE EXISTING __ REPAINT NEW NAME <u>ONLY</u> __ NEW INSERT <u>ONLY</u>						

PROPOSED SIGN #2:

SIGN TYPE	WIDTH TIMES HEIGHT	SIGN MATERIAL	ILLUMINATED (YES/NO?) __ NEW __ EXISTING TYPE OF ILLUMINATION _____ UL LISTING _____	SINGLE OR DOUBLE FACED?	MOUNTING METHOD __ POLE SIGN (Height from ground to top) _____ __ WALL SIGN __ HANGING SIGN __ PEDESTAL SIGN	ANCHORED METHOD
__ NEW __ NEW W/EXISTING SUPPORT __ ALTER EXISTING __ REPLACE EXISTING __ REPAINT NEW NAME <u>ONLY</u> __ NEW INSERT <u>ONLY</u>						

EXISTING SIGNS: PLEASE SUPPLY THE FOLLOWING INFORMATION REGARDING ALL SIGNS THAT ALREADY EXIST ON THE PROPERTY:

TOTAL SQUARE FOOTAGE	SIGN MATERIAL	ILLUMINATED (YES/NO?)	TYPE OF ILLUMINATIO N	SINGLE OR DOUBLE FACED?	MOUNTING METHOD (EX. POLE, WALL, PEDESTAL, HANGING) IF POLE, LIST HEIGHT FROM GROUND TO TOP.	ANCHORED METHOD

I certify and agree as follows: that I am authorized to make this application; that the information is correct; that I will comply with all conditions, regulations and Codes of the City of Annapolis which are applicable hereto: that I will perform no work on the above property not specifically described hereon; that the permit is void if authorized work does not commence within 180 days from issued date; that the issued permit is not transferable; that all fees are not refundable; that no work shall be started until permit is issued.

Signature of Owner or Authorized Agent: _____ Date: _____

*******FOR OFFICE USE ONLY*******

Inspector Approval _____ Date _____

P&Z Approval _____ Date _____

Electrical Approval _____ Date _____

HPC Approval _____ Date _____

FINAL APPROVAL _____ DATE _____

COMMENTS: _____

Application Fee Paid \$ _____

Permit Fee _____

Fee Due _____

Issued By: _____

Date _____